

1. PLACE OF BIRTH
County of Burnett
Township of Shiloh

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
29478

2. Town of Registration District No. 4107 Registered No. 72
(For use of Local Registrar)

3. City of (No. of street and number) St. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

4. Full Name of Child Cecil Foyal Tomlinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u></u>	(5) Number in order of birth <u>6th</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH— <u>July, 31, 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

8. FULL NAME Buell D Tomlinson

9. PRESENT
POSTOFFICE
OF FATHER Olanta SC

10. COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 36
(Years)

12. BIRTHPLACE Burnett Co

13. OCCUPATION Farmer

14. Number of children born to
mother, including present birth 6

15. Number of children of this mother
now living, including present birth 4

MOTHER.

16. NAME BEFORE
MARRIAGE Vergenia Williams

17. PRESENT
POSTOFFICE
OF MOTHER Olanta SC

18. COLOR
OR
RACE White (19) AGE AT LAST
BIRTHDAY 35
(Years)

20. BIRTHPLACE Burnett Co

21. OCCUPATION House wife

22. Number of children born to
mother, including present birth 4

23. Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 3 P.M.
on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) O.P. Kelly, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
in E Olanta SC

Information added from a supplement-
al report

1915

Parish

26. Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

S. B. McElveen

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child survives even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar 1

Local Registrar

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